**Reference for Return to Practice (Nursing) course Solely for applications not handled by the University and Colleges Admissions Service (UCAS) **

**or other clearing houses.**

Please read the accompanying Notes for Applicants before completing this form.

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| **Confidential statement (to be completed by all applicants)** |
| Applicant’s Full Name:       |
| Date of Birth:       |
| Course(s) applied for:       |
|  |
| **Notes of Guidance for Referees** |
| The reference is an integral and important part of the selection process and all the information you give will help to guide admissions tutors in making their decisions.In order that an applicant’s academic and intellectual capacity can be evaluated your reference should if possible cover:1. Suitability for the course applied for
2. Intellectual qualities including:
	1. development to date and previous examination performance with special reference to any factors which may in your opinion have adversely influenced the result;
	2. present performance;
	3. potential, including an assessment of the probably results of any pending examinations.
3. Personal qualities
4. Career aspirations
 | **Mature Applicants**Referees may have difficulty in commenting on the academic abilities of mature applicants who may not have any recent educational experience. In these circumstances, referees may wish to confine their comments to matters listed under 1, 2c, 3 and 4.**Providing a reference by other methods**Manchester Metropolitan University is happy to accept references emailed directly by the referee to directapplications@mmu.ac.uk - The email must clearly display the applicant’s name.References can also be provided on the official notepaper of the referee and sent to the address below. The applicant’s name must be clearly displayed on the letter. |

**PLEASE NOTE THAT THESE REFERENCE FORMS REPLACE THE FORMS THAT ARE PART OF THE STANDARD UNIVERSITY APPLICATION FORM.**

**Please return this reference to:**

**CPD/Closed Cohort Admissions Team**

**Manchester Metropolitan University**

**All Saints Building (GMS)**

**Manchester**

**M15 6BH**

**email:** **directapplications@mmu.ac.uk**

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| **Confidential statement by referee FOR RETURN TO PRACTICE COURSE ONLY** |
| Name of applicant:  |
| Name of referee:       |
| Post/occupation/relationship:       |
| Address:       |
| Telephone Number:       Email address:       |
| How long have you known the applicant?  |
| In what capacity do you know the applicant?  |
| Have you had recent contact with the applicant (within the last 6 months)? YES / NO |
| Do you feel that the applicant is suitable for a return to practice (nursing) course? YES / NO |
| Do you feel that the applicant is suitable to return to the nursing profession? YES / NO |
| Are you aware of any previous or current disciplinary proceedings against the applicant? YES / NO  |

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| Please provide more information about the applicants suitability for the course and returning to nursing:      Please put the official stamp of your institution/organisation at the bottom of this reference form, or if sent electronically please include details in the email signature.**Signature**:       Date:       |

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